



Alberta Mental Health Patient  
ADVOCATE OFFICE

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having a **voice**... hope and respect

08/09  
ANNUAL REPORT

ALBERTA MENTAL HEALTH PATIENT ADVOCATE OFFICE  
CONCERNS AND COMPLAINTS • ADVOCACY • RIGHTS • EDUCATION



» In this year's annual report, there are several comments from clients who have used the services of the Alberta Mental Health Patient Advocate and from health care providers working in Alberta's 16 designated mental health facilities.

» We would also like to recognize and thank *The Schizophrenia Society of Alberta – Calgary Chapter* for permission to reprint two of the poems from their book, *If I Played My Life: Poems by people with schizophrenia*.

# Table of Contents

Letter to the Minister of Health and Wellness . . . . .	3
Advancing the Mental Health Agenda: Concerns and Complaints, Advocacy, Patient Rights & Education . . . . .	4
Advocate's Message . . . . .	6
Complaint Resolution Process . . . . .	8
A Day in the Life of a Patient Rights Advocate (PRA) . . . . .	10
Performance Activities . . . . .	14
Summary of Activities . . . . .	15
Trends and Emerging Issues . . . . .	18
Organizational Structure . . . . .	21
Financial Summary . . . . .	21
Facilities Designated for Formal (Involuntary) Patients . . . . .	22
Contact Information . . . . .	24





»» My sincere appreciation for your thoughtful and detailed investigation report and recommendations. We are always willing to examine our practice to ensure that we provide the best possible care for patients.

ALBERTA MENTAL HEALTH FACILITY

»» Thank you for the accurate and quick response.

MALE PATIENT

# Letter to the Minister of Health and Wellness

The Honourable Ronald Liepert  
Minister of Health and Wellness  
323 Legislature Building  
10800 - 97 Avenue  
Edmonton, AB T5K 2B6

Dear Minister Liepert:

It is my responsibility and honour to present the Mental Health Patient Advocate Annual Report for 2008-09 and share with you the work that my office does to support formal (involuntary) patients to understand and exercise their rights under the *Mental Health Act* and to investigate complaints from or related to formal patients.

This report is submitted in accordance with the provisions of Section S 47(1) of the *Mental Health Act* for your presentation to the Legislative Assembly.

The theme for my report is recovery and hope in mental health.

Respectfully submitted,

(Signed by Sandra Harrison)

**Mental Health Patient Advocate**



# Advancing the Mental Health Agenda: Concerns and Complaints, Advocacy, Patient Rights & Education

## Vision

People with mental illness in Alberta are hopeful, respected and supported in their journey of recovery.

## Mission

The Advocate promotes and protects the rights of patients under its jurisdiction, encourages and supports them through their journey of recovery, and serves as a resource regarding the application of the *Mental Health Act*.

## Values

The following values are the foundation and measure of all actions and directions taken by the office of the Alberta Mental Health Patient Advocate with designated formal (certified) patients, those acting on their behalf, treatment team members, policy makers, and others who want and need to know about patient rights under the *Mental Health Act* and other relevant legislation.

- **Rights** – The Mental Health Patient Advocate Office (MHPAO) is committed to supporting and ensuring formal (certified) patients and those acting on their behalf receive objective information to assist them in understanding their situation and the different options available.
- **Advocacy** – The MHPAO has a unique legislated and ethical responsibility to support formal (certified) patients, and those acting on their behalf in understanding and exercising their rights under the *Mental Health Act* and in following up on their concerns.
- **Recovery** – The MHPAO believes formal (certified) patients in the recovery process have the right to be heard, respected and encouraged by hope for a better future.
- **Involvement in Decision Making** – The MHPAO believes all formal (certified) patients have a right to be involved in decision making that impacts the management of their illness and their lives, and participate in their self care to the extent that they are able.
- **Knowledge Exchange** – The MHPAO believes that the open exchange of knowledge through education, information, research and evaluation contribute to meaningful dialogue, shared actions to promote and protect patient rights, and enhanced care and treatment of patients.



## The People\*

Where are my friends?  
Where is my family?  
I cannot remember  
Who I am.  
Water forms in my vision  
A hand reaches in  
Pulling me out,  
Back to reality.  
There sit the people  
The real people of my life  
Eyes moist and red  
Loving words comfort me.  
Slowly I realize  
What they have gone through  
While I couldn't see them  
And they could not find me.

**Simon Adamson**

*\*If I Played My Life: Poems by people with schizophrenia*







## Advocate's Message

This has been a year of considerable change in Alberta's health system including the merger of regional health authorities into Alberta Health Services and the coming together of addiction and mental health services province wide.

I want to emphasize that as Advocate, I continue to report to the Minister of Health and Wellness on my legislated responsibilities under the *Mental Health Act*. This means that Patient Advocate services are provided independently and separate from Alberta Health Services and arms length from Alberta Health and Wellness.

Administratively my office was impacted by the creation of a single health authority because the Alberta Mental Health Board was decommissioned and could no longer provide administrative support to my office. In consultation between me and Alberta Health and Wellness, it was agreed that effective January 1, 2009 my office would be supported administratively by the ministry.

Throughout this year of significant change, while much still needs to be done to improve access to mental health services and to build community supports, I have been encouraged by the increasing awareness and continuing commitment of many in Alberta to mental health. Many challenges and opportunities lay ahead.

In 2007, the *Mental Health Amendment Act* (MHAA) was introduced and includes these key amendments:

- Broadens the criteria for involuntary admission from "presenting a **danger** to self or others" to "likely to cause **harm** to self or others or to suffer substantial mental or physical deterioration or serious physical impairment." This change is intended to permit earlier intervention and treatment.
- A discharge summary and recommendations for ongoing treatment must be sent by the hospital to the individual's family physician, if one is known.
- Introduces community treatment orders which are intended to encourage individuals to maintain mental health treatment while in the community and ideally preclude the need for hospitalization.
- The Mental Health Patient Advocate's responsibilities are expanded to include the ability to respond to and investigate complaints when an individual is detained under one admission certificate or if they are under a community treatment order. Previously, the Advocate could only intervene if an individual had formal patient status, that is, had two admission or two renewal certificates.
- The responsibilities of the Mental Health Review Panel are expanded to include community treatment orders.

In mental health the challenge is not only what we do but how we do it.

Looking forward, I am hopeful that the proclamation of the amended legislation in 2009/10 and the bringing together of many regions into one will see a renewed commitment to patient/client centred care and new relationships established among once independent services.



Everyday my staff and I are reminded by our clients – be they patients or families – that they feel overwhelmed by what is happening to them and fearful about what today or tomorrow may bring. Many tell us they are not included in significant decisions that impact their care and their lives, and that they do not feel they can speak out because that might result in negative consequences for them. They come to us with their questions and concerns about their detention, rights, treatment and care. They come for information, resolution of their concerns and reassurance. They also come to find someone to walk this very difficult journey with them.

I am proud to report that in 2008/09 the Advocate's Office continued to enhance our services to our clients and to better serve as a resource to the psychiatric community.

We achieved several milestones and initiatives this year –

- An increase in the number of personal visits with formal patients in designated mental health facilities throughout Alberta.
- An increase in the number of people who contacted the Provincial Call Centre. More than 4,052 issues were addressed, an increase of 61.8 per cent from 2007/08.
- An increase in education and training initiatives for service providers who work in mental health facilities. The sessions focused on patient rights under the *Mental Health Act* and knowledge and compliance with legislation.
- Implementation of MHPA C.A.R.E.S., our confidential and unique information management system with access limited to staff in the Advocate's office.
- Launch of our new website, [www.mhpa.ab.ca](http://www.mhpa.ab.ca). Here, in one central location, patients, their families, health care providers and other partners can find information on patient rights and the role of the Advocate's Office.
- Presentations to future mental health workers and lawyers at post secondary institutions. Participants were challenged to consider their responsibilities as future advocates for mental health and patient rights.

- Discussions with Legal Aid Alberta to address challenges in the provision of legal counsel for formal patients exercising their right of appeal under the *Mental Health Act*.
- Strengthening of relationships with consumer groups, mental health facilities, community mental health agencies and advocates.
- Submission and presentation to the all party Standing Committee on Health regarding Bill 24, *Adult Guardianship and Trusteeship Act*.
- Work with the Office of the Public Guardian to clarify mandates and better align the *Adult Guardianship and Trusteeship Act* with the *Mental Health Amendment Act*.
- Membership on the Provincial Alberta Health and Wellness and Alberta Health Services Steering Committee for the *Mental Health Amendment Act* implementation.
- Meetings with the Health Facilities Review Committee to clarify roles and responsibilities between our offices and ensure an ongoing effective working relationship.
- Participation in the National Mental Health Commission's stakeholder consultation process relating to development of a mental health strategy for Canada. Alberta stakeholders were noted as having a particularly strong interest in patient rights and a unique approach to ensuring those rights are protected.

In closing I want to recognize and thank all people who have met with and worked with my office over the past year. I especially want to offer my sincere thanks to all patients and their family members who have helped all of us at the Advocate's Office better understand the challenges and issues that you encounter. It has truly been a pleasure to serve you.

*(original signed by)*

**Sandra Harrison, MSW**

# Complaint Resolution Process

Under the *Mental Health Act*, patients and people who are acting on their behalf may contact the Mental Health Patient Advocate if they have a concern with the treatment and/or care of the formal patient or if there is concern about the detention or rights of a formal patient in hospital.

All inquiries into complaints and concerns are called investigations, which may be informal or formal (as outlined in legislation).

Most concerns that are brought to the attention of the Patient Advocate can be resolved through **informal investigation and conciliation**. These concerns range from detention, treatment and/or control of a formal patient against their will to lack of privileges, privacy and access to information. Many of these concerns are resolved through discussion between the patient, an advocate and the treatment team.

**Formal investigations** are conducted into issues that cannot be easily resolved over the telephone. They could include allegations about abuse or events that happened many years ago when the patient had formal status. Much of the formal investigation process is the same as in an informal investigation. Only the Patient Advocate may authorize a formal investigation.

All information about an investigation is documented in the Patient Advocate data system and remains confidential as required by law.

The diagram illustrates the flow of the complaint resolution process. For details about each of the steps, refer to the Mental Health Patient Advocate website at [www.mhpa.ab.ca](http://www.mhpa.ab.ca)

## Complaint Resolution

A complaint or concern is made with the Mental Health Patient Advocate office.

A patient advocate determines if the patient has formal status under the *Mental Health Act*.

A patient advocate and the person who made the complaint talk about the concerns and develop an action plan.

A patient advocate conducts an investigation.

If the concern does not fall under the Patient Advocate's mandate, the person will be referred.



## Informal Investigation

If the complaint was made by someone acting on the patient's behalf, a patient advocate contacts the patient to discuss:

A patient advocate contacts the staff or physician who is responsible for the patient's care and/or who is aware of the situation.

If an advocate finds evidence to support the complaint, recommendations are forwarded to the appropriate people.

The Mental Health Patient Advocate follows up on the recommendations to determine what action was taken.

If the person who filed the complaint and an advocate are satisfied with the resolution, the file is closed. If the person is not satisfied, an advocate may take the matter to a higher level at the facility or the health area level or consults with the Mental Health Patient Advocate. It may result in a formal investigation.

## Formal Investigation

The Mental Health Patient Advocate approves the formal investigation and assigns an advocate to investigate the complaint.

The Mental Health Patient Advocate notifies various parties, including the formal patient, of the complaint and the investigation as required by law.

A copy of the patient's chart is obtained in addition to policies, procedures and other documents related to the complaint.

An advocate interviews the person who made the complaint and other involved parties in person, including the patient.

An advocate writes an investigation report which includes findings and recommendations.

An advocate forwards the investigation report to the Mental Health Patient Advocate for review and approval.

The investigation report is sent to the board of the facility. The Mental Health Patient Advocate requests a written response to the recommendations and actions taken.

The Mental Health Patient Advocate receives a response to the recommendations from the board of the facility. If the Mental Health Patient Advocate feels appropriate action was taken, the file will be closed. If not, the Mental Health Patient Advocate is required by law to send a copy of the investigation report and the board's response to the Minister of Alberta Health and Wellness.

# A Day In The Life of a Patient Rights Advocate (PRA)

## Complaint

Ron, a 72 year old patient, was admitted to hospital two weeks ago. He telephones the Mental Health Patient Advocate office to lodge a complaint.

Ron explains he fell off a ladder while fixing his garage door and his wife called the ambulance. He tells a patient rights advocate (PRA) he was taken to hospital where the physician determined he had a heart attack. He was admitted to hospital and had surgery. He is feeling much better and he is uncertain why he cannot leave the hospital. The nurses just tell him he is ill, but Ron stresses he wants to go home.

The advocate explains to Ron the mandate of the Mental Health Patient Advocate. The advocate informs Ron of the Mental Health Patient Advocate confidentiality policy and tells him she would like to confirm his legal status with his nurse. Ron consents to have the advocate check his status and talk about his concern with hospital staff.



People are in a hurry these days and I am very thankful you are listening to me this morning.

**FEMALE CLIENT**

The advocate telephones the hospital unit and speaks with Ron's primary nurse, Alicia. Alicia reports Unit 24, where Ron is located, is a medical unit. As Alicia is unfamiliar with the Patient Advocate's mandate, the advocate tells her the Mental Health Patient Advocate is legislated under Part 6 of the *Mental Health Act* and reviews the mandate with her.

Alicia reports that since she only works on the medical unit she is unfamiliar with the *Mental Health Act* and the rights of formal patients. At the advocate's request, Alicia reviews the patient chart. Alicia provides the advocate with the date that Ron was independently examined by two doctors

and two admission certificates were issued. Alicia provides the advocate with the date and time that each certificate was issued.

The advocate learns the patient's copy of the admission certificates are still on the chart. Alicia reports there is no documentation in the chart indicating Ron was provided with information on his rights. There was, however, a notation that the doctor met with Ron and told him he had to remain in hospital. In response to the advocate's question, Alicia reports Ron is not subject to a guardianship order.

The advocate provides Alicia with information on the rights of formal patients under the *Mental Health Act* and the administrative duty to notify the patient, the legal guardian and unless the patient objects, the patient's nearest relative of the patient's formal status.

Alicia tells the patient rights advocate that she is concerned that Ron was not given the information he needed and was not provided with the documents. Alicia states that she will provide him with copies of the admission certificates right away. The advocate encourages Alicia to contact her if she requires further assistance and suggests she may wish to look at the Mental Health Patient Advocate website ([www.mhpa.ab.ca](http://www.mhpa.ab.ca)) as a quick resource.

The advocate thanks Alicia for her full cooperation in taking immediate action to the concern. She tells Alicia she will let the unit manager know of her prompt action to the concern. Alicia mentions she will also speak with the manager about the concern and action taken. She thanks the advocate for the information and at the advocate's request, transfers her to the patient telephone.

The advocate tells Ron she spoke with his nurse who confirmed his formal status under the *Mental Health Act*. She stresses to Ron that formal status means the hospital has the right to detain him against his will. The



advocate reviews the rights of formal patients with Ron. She also encourages him to ask his physician what needs to be different in order for Ron to be discharged from the hospital. Ron thanks the advocate for assisting him to understand why he is at the facility. He also tells her that Alicia just gave him a copy of his certificates.

The advocate then calls the unit manager and provides details of the complaint and the resolution along with Alicia's quick action to remedy the situation. The manager assures the advocate that policy/protocol changes will be made to ensure a similar incident does not occur.

## Education

The Patient Advocate reviews the monthly trends and issues tracked in the internal Mental Health Patient Advocate office data system. She determines there is a significant increase in the number of investigations by the Mental Health Patient Advocate Office into patient complaints at a particular facility. The complaints all pertain to the treatment of formal patients under the *Mental Health Act*.

The Advocate analyzes the data in an effort to determine what could be done to solve or to prevent similar events from occurring. The Advocate determines that nursing staff on a particular unit at the facility could benefit from education on the *Mental Health Act* as they were unaware or had limited knowledge of treatment under the Act.

The Advocate calls the Manager of the unit and informs her that on her unit there was a significant increase in the number of complaints about the treatment of formal patients under the *Mental Health Act*. She explains that the investigations determined that nursing staff could benefit from education on the *Mental Health Act* as they were unaware or had limited knowledge of treatment under the Act.

The Manager acknowledges she is aware that there have been cases where staff was confused about treatment under the *Mental Health Act*. She adds there are a number

of new staff who have limited knowledge of the Act. She explains new staff receive an orientation to the hospital which includes a brief review of the *Mental Health Act*. Seasoned, regular nursing staff mentor the new staff as much as possible.

The Manager accepts the Advocate's offer to present on the *Mental Health Act* and trends observed by the Mental Health Patient Advocate. They decide it will be open to all staff and physicians to support all members of the interdisciplinary teams in ensuring the rights of formal patients are protected.



The talk was very informative, and I think it's great that you have alerted our office to some of the plights, as well as solutions, facing our clients.

AGENCY

## Advocacy

On a routine visit with formal patients at the hospital, an advocate from the Mental Health Patient Office meets with a formal patient named Stefan. She tells him of the mandate of the office. The advocate lets him know she is conducting a routine visit with formal patients to answer any questions they may have about the *Mental Health Act*.

Stefan shows the advocate papers he received from his nurse Sandy. Stefan shows the advocate copies of his admission certificates and his Form 12 application requesting cancellation of his certificates. He reports he contacted Legal Aid Alberta and has a lawyer to assist him at the review panel hearing.

The advocate listens to concerns Stefan has about his physician. Stefan is sure his physician is avoiding him as when Stefan approached him earlier in the day, his doctor told him he will meet with him "later." Stefan tells the advocate he would like the doctor to listen to his concerns about his medication. At the advocate's request, Stefan reviews his medication concerns with her.

Stefan replies he was on the same medication once before and does not like it because of the side effects. He outlines the side effects he is experiencing. He tells the advocate that as soon as he is discharged from hospital he plans to stop taking the medication.

The advocate suggests to Stefan that he let Sandy his nurse know about his medication concerns and ask her to note in the chart that he would like to talk with his physician. The advocate stresses this is important information the doctor would want to know. She also suggests to Stefan that he write his questions and concerns on a piece of paper and refer to them when he talks with his doctor. Stefan agrees to have the advocate inform Sandy of their discussion and that he would like to talk with her.

After meeting with Stefan, the advocate meets with Sandy in a private office and reviews the mandate of the Mental Health Patient Advocate and her discussion with Stefan. Sandy tells the advocate that the doctor is unable to meet with Stefan today as he was called away on an emergency. She indicates, however, that she will meet with Stefan after lunch to discuss the medication. Sandy agrees to make a notation in the chart that Stefan would like to talk with the physician about his medication and mentions she will also tell the doctor tomorrow morning.



I'm relieved to know the Advocate can help me if needed.

FEMALE PATIENT

## Rights Information

Olivia, a 45 year old patient, agrees to come to hospital at the request of her physician so that her medication could be adjusted. After a week, Olivia decides she would like to leave hospital as she wishes to return to work. She fears she may lose her job if she is absent from work for a prolonged period of time.

Olivia tells her nurse that she plans to leave. Her nurse summons the doctor who issues Olivia an admission certificate under the *Mental Health Act*. A second doctor independently examines her and also issues an admission certificate on the same date. Olivia's nurse provides her with copies of the admission certificates. Olivia decides to call the Patient Advocate.

Olivia calls the office of the Patient Advocate, tells an advocate she is on a psychiatric unit and is certified under the *Mental Health Act* and wants an advocate to help her. Olivia tells her that she may lose her job if she does not return to work next week. Olivia adds she will continue with the medication regime once at home, but admits when she learned she was certified, she became angry and tore up her certificates. She refuses to talk with staff.

Olivia agrees to have an advocate call her nurse to gather information on her legal status and to discuss her situation.

The advocate telephones the unit and speaks with Olivia's nurse, Randy. Randy tells the advocate that Olivia was admitted to hospital voluntarily and was issued two admission certificates after she was involved in an altercation with staff. At the advocate's request, Randy provides the date and time of issuance of the certificates. In response to the advocate's question, Randy reports that Olivia declined information on her rights and ripped up her certificates. The advocate thanks Randy and informs him she will offer to provide Olivia with rights information.



The advocate tells Olivia that her nurse confirmed her formal status. He also tells her that it is his understanding she was involved in an altercation with staff, which Olivia acknowledges.

The advocate provides Olivia with rights information including her right to appeal her certificates to an independent body referred to as the review panel and explains the process to file the application and for the hearing. The advocate stresses that Olivia also has the right to legal counsel to assist at the hearing. The advocate informs Olivia that should she go through legal aid, a lawyer will assist her at no cost for review panel matters regardless of her financial situation.

The advocate explains to Olivia that if the review panel refuses to cancel her admission certificates, she has the right to appeal the decision to the Court of Queen's Bench.

Before ending the conversation, the advocate suggests to Olivia that she meet with her doctor to better understand the reason for the certificates, to let him know that her intention is to continue with the medication once discharged, and to let her doctor know her fear about losing her job. She also suggests that Olivia could ask her doctor for a medical note that she can send to her employer to explain her absence from work.

»» We thank the Alberta Mental Health Patient Advocate for the opportunity to reflect on our practices and improve our protection of the rights of formal Mental Health patients.

**ALBERTA MENTAL HEALTH FACILITY**

»» You were able to do what no one else had for the past four years.

**FEMALE CLIENT**

# Performance Activities

Core functions of the Alberta Mental Health Patient Advocate Office are:

## C – Concerns and complaints

A – Advocacy

R – Rights

E – Education

**Concerns and complaints** – Complaint investigation may address a number of issues including the application of the *Mental Health Act*, patient rights, administrative fairness, alleged abuse, a failure or refusal to provide services to the patient, terms and conditions under which services are provided to the patient, and professional practice and/or unprofessional conduct. Complaints and/or concerns may be clinical or non-clinical in nature.

**Advocacy** – Advocacy refers to those activities where individuals are coached and supported to act on their own behalf, or where assistance is requested to ensure the voice of patients is heard and considered by the treatment team. Patients and their families are supported in this process through the provision of information and rights advice.

**Rights** – Rights advice refers to the process by which formal patients in designated mental health facilities are informed of their rights. In Alberta, rights advice is provided to mental health patients by hospital staff or physicians and/or independently by the Mental Health Patient Advocate.

**Education** – Education includes activities such as the provision of information about and the application in practice of the *Mental Health Act*, patient rights, and the complementary role of patient advocacy in the provision of mental health services. Education is provided to a broad range of stakeholders including service providers, patients and their families, community organizations, professional colleges, lawyers, government ministries, students, the public, and many others.



# Summary of Activities

## A. General

Four core activities (concerns and complaints, advocacy, rights information and education) of the Mental Health Patient Advocate Office for the 2008/2009 fiscal year are summarized in **Table I**. The data reflects the combination of both patient case files and resource service activities undertaken.

Patient Case Files refers to files opened for former or current formal patients (see Section B).

Resource calls are services provided to all others (see Section C).

TABLE I – 2008/2009 Fiscal Year

### PATIENT CASE FILES

Issues/Requests	3160
Contacts	4260
New Files	516

### RESOURCE SERVICES

Issues/Requests	892
Contacts	1531
New Files	433

### OVERALL CORE ACTIVITIES

Total Issues/Requests	4052
Total New Files	949
Total Contacts	5791

A total of 5791 personal, telephone, and written contact with Alberta citizens and the occasional caller from outside Alberta were handled by the Mental Health Patient Advocate Office during the 2008/2009 fiscal year. Issues/requests are broken down by category in **Figure 1**. These categories are approximate since most cases are complex and presenting issues can be classified in more than one way, depending upon the area of focus.

## B. Patient Case Work

### Patient Profile

Patients who accessed the MHPAO services in 2008/2009 were typically men and women (in equal numbers) between the ages of 18 – 64 years. There were also six adolescents under 18 years of age and 73 seniors over 64 years.

According to the *Mental Health Act*, formal patients may only be accommodated in 16 designated hospitals across the province. While patients may live anywhere in Alberta, the majority of calls received are from patients hospitalized in the three communities with the largest mental health hospitals – Edmonton, Calgary and Ponoka.

Figure 1 – Patient Case Files: Total Issues/Requests

	2008/09	2007/08
Rights*	2553 (80.8%)	1071 (57%)
Clinical	291 (9.2%)	112 (6%)
Administrative	224 (7.1%)	107 (6%)
Legal*	73 (2.3%)	547 (29%)
Social/Financial	19 (.6%)	31 (2%)

\* The significant difference in the percentage of Issues/Requests pertaining to "Rights" and "Legal" in 2008/09 and 2007/08 is due to differences in tracking the data.

Consistent with previous years, there were a wide range of issues/requests. Most issues/requests were legal in nature and reflected an ongoing emphasis on legislated rights and the involuntary apprehension, detention and treatment provisions of the *Mental Health Act*. Other issues included:

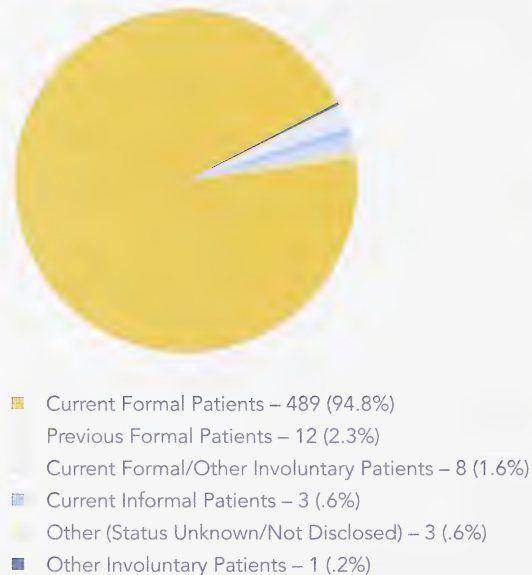
- Patients wishing to participate more in decisions involving their treatment and care,
- Privileges,
- The use of seclusion,

- Medication concerns,
- Administrative policy and accommodation concerns that largely dealt with comfort/cleanliness, privacy, and requests to transfer to a different room/unit/facility,
- Allegations that staff lacked courtesy and respect for individual patient values, preferences and expressed needs.

### Investigations Conducted

A total of 389 investigations were conducted. Out of this number, 5 were formal investigations while the remaining 384 were informal investigations.

Figure II – Legal Status of Calls

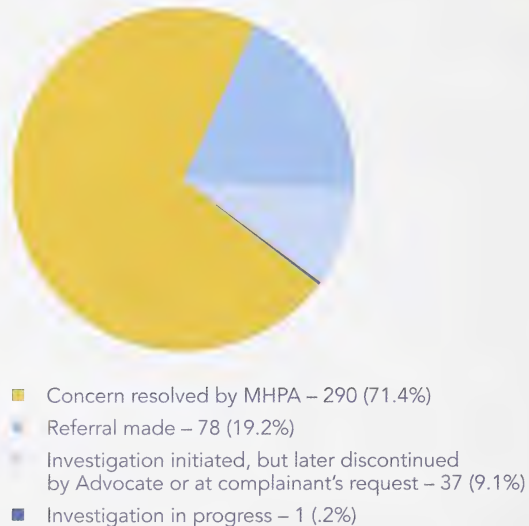


**Figure II** illustrates the legal status of patient calls received and the case files opened as a result. The term “other involuntary” refers to patients under compulsory detention in designated mental health facilities by way of Disposition

Orders from the courts and the Forensic Alberta Review Board, Compulsory Care Orders under the *Dependent Adult Act* or single certificates pursuant to the *Mental Health Act*.

Almost 99 per cent of the case file requests for assistance involved current or previous formal patients. The remaining issues/requests mainly related to voluntary patients, those involuntarily admitted under one certificate, or patients detained under the authority other than the *Mental Health Act*. These patients remain outside of the jurisdiction of the Mental Health Patient Advocate.

Figure III – Resolution of Concern/Complaint

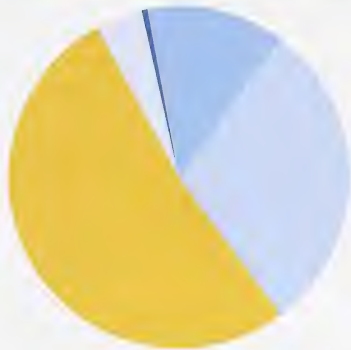


Almost 70 per cent of individual patient concerns were resolved within five days of the caller's initial contact with the Mental Health Patient Advocate Office.



## C. Resource Services

Figure IV – Resource Services:  
Total Issues/Requests Presented



- Education Services – 466 (52.2%)
- Advocacy Services – 264 (29.6%)
- Rights Information Provided – 118 (13.2%)
- Concern/Complaint Requiring Referral – 41 (4.6%)
- Compliment Given to MHPAO – 3 (.3%)

**Figure IV** describes the breakdown of Resource Services provided to individuals and groups who are not patients in hospital. Some Advocacy Services include supports for fostering self advocacy, advocacy on behalf of an individual and navigating the mental health system. Examples of rights information provided include information on the *Mental Health Act* and access to legal counsel. Education Services include activities such as presentations, consultation and distributing print material.

## Education Services

Below is a list of some presentations made by the Mental Health Patient Advocate to inform and educate different organizations with an interest and mandate to provide support to people with mental illnesses. For many of these organizations, more than one presentation was made.

- Alberta Alliance on Mental Illness and Mental Health
- Alberta Health Facilities Review Committee
- Alberta Health Services - executive's orientation
- Grey Nuns Community Hospital - Covenant Health
- Alberta Health Services Medicine Hat Regional Hospital
- Misericordia Community Hospital - Covenant Health
- Alberta Health Services Northern Lights Regional Health Centre
- Alberta Health Services Peter Lougheed Centre
- Alberta Health Services Queen Elizabeth II Hospital
- Canadian Mental Health Association
- Government Standing Committee on Health
- Grant MacEwan College, Social Work
- Ontario Psychiatric Patient Advocate
- Legal Aid Alberta
- Prosper Place Clubhouse, Edmonton
- Schizophrenia Society of Alberta: Camp Goldeye
- Schizophrenia Society of Alberta: Edmonton Chapter, *Unsung Heroes*
- University of Alberta, Human Ecology class
- University of Alberta, Law class

The Advocate's office also attended and had displays at the Alberta Patient Representative Network Education Day and the Schizophrenia Society of Alberta, Annual Conference.

# Trends and Emerging Issues

The Office recognizes the cooperation and support it received from the former Alberta Mental Health Board, other regional health authorities and starting in May 2008, from Alberta Health Services and staff within Alberta's 16 designated mental health facilities. Their support facilitates the work of the Alberta Mental Health Patient Advocate on behalf of all people who come under their jurisdiction pursuant to the *Mental Health Act*.

**Patient Rights** – This continues to be an ongoing issue. The *Mental Health Act* clearly outlines the rights of patients. However, the Patient Advocate's Office frequently finds many formal patients and those acting on their behalf do not understand or are unaware of patients' legislated rights. When patients and caregivers receive the necessary information, they often talk about experiencing a renewed sense of hope. When patients call, they are often in crisis, confused about the information, or want independent advice. Contact with the Patient Advocate assures them they have legislated rights and are not dealing with their health crisis alone.

**Future Focus** – A patient bill of rights is increasingly recognized as an important tool for recognizing patient rights, defining health care objectives, and emphasizing the complementary nature of the rights and responsibilities of patients and health care providers. Several western democratic countries and/or states have patient bills of rights enshrined in legislation, or in charters or policy. Canada and Alberta do not have standard patient bill of rights but there is hope that policy and/or legislation may be considered as the need becomes more apparent.

**Patient-Centered Care** – Patient-centered care is a critical component of recovery-based approaches in mental health. The approach has also been identified as a value of Alberta Health Services in its renewed care delivery model. Patients and their families want to be heard and participate more in decisions that affect their lives and the management of their illness. They want the interdisciplinary health team to understand their personal situation, their values, preferences and to have personal goals for recovery respected. They also want help to navigate through the health care system to access the treatment they need to feel safe and well.

**Future Focus** – The Office has been closely monitoring the reorganization of Alberta's health system to assess the impact on the care of formal patients. The restructuring of the delivery of health services in the province, including the integration of addiction and mental health services, presents an opportunity to shift to more patient-centered care as well as enhance the efficiency and sustainability of the health system.

**Community Supports** – The cohesive efforts of diverse stakeholders in support of the amendments to the *Mental Health Act* was in part predicated on the Government's commitment that community supports would be put in place for people with mental disorders. Many Albertans have expressed concern that this long-standing issue has not been resolved.

**Future Focus** – Investment in community mental health and other social supports is recognized throughout the mental health field as fundamental for maintaining wellness in the community and for addressing the enormous burden individuals, families and communities encounter in dealing with chronic and severe mental illness.

MALE PATIENT



### **Implementation of the Mental Health Amendment Act –**

The Advocate's Office receives many requests from people for information about the amended *Mental Health Act*, its implementation, and how it will affect them, their families and/or their clinical practices. Doctors and other treatment team members look for provincial guidelines and standards to apply and administer the legislation consistently across the province.

**Future Focus** – Implementation of the Act will require comprehensive education and training focused on the unique and specific needs of different target groups. The new legislation provides a focus for developing technical training tools and guidelines, and addressing other initiatives including patient rights, ethics in mental health, service delivery and practice issues.

**Reaching Out** – In 2008/2009, the Mental Health Patient Advocate's Office met face-to-face with 208 patients in hospitals across the province, a significant increase from the year before.

**Future Focus** – Like all Albertans, people with mental illness expect personalized care. This expectation has resource implications for the Office of the Patient Advocate. Innovative options continue to be explored for increasing the capacity of the Office to address patient expectations.

>> Hats off to you for the prompt telephone call. You have a very nice calming voice for what you do.

FEMALE CLIENT

**Interpreters** – As Alberta continues to attract immigrants from other countries, the number of patients contacting the office who are new Canadians with English not their first language is increasing. A common concern from this group is the lack of an independent and neutral interpreter (i.e. not a member of their treatment team or family) to help them understand and exercise their rights, and express their concerns about detention, care and treatment under the *Mental Health Act*.

**Future Focus** – As Alberta becomes a more diverse province, there is a need for independent and neutral interpreters to facilitate communication in decision making processes that involve the treatment team, Patient Advocate, legal counsel and/or Review Panel. This is a critical step in ensuring patients understand and can exercise their rights.

**Information Management** – In 2008/2009, the Patient Advocate's Office implemented a confidential and unique electronic case management information system for use in service delivery and strategic planning. Some of the data used for this year's annual report comes from that system. While the reliability of mental health data received from the former regional health authorities on the legal status of patients has improved, much work remains to be done.

**Future Focus** – Reliable and accurate information about the number of certified patients and in the future, patients under Community Treatment Orders, must be available for strategic planning. Plans are underway for Alberta Health Services to standardize data collection and information systems across the province so this information can be provided. The Advocate's Office is also updating its information management system to account for the changes in services and issues as a result of the amendment to the *Mental Health Act* and introduction of Community Treatment Orders.



LEFT TO RIGHT: Carol Robertson Baker, Assistant Mental Health Patient Advocate; Ronda Gauthier, Administrative Assistant; Sandra Harrison, Mental Health Patient Advocate, and Beverly Slusarchuk, Patient Rights Advocate



# Organizational Structure



» Talking with you makes me feel safe. It's helpful to know the Mental Health Patient Advocate Office is there to help.

**FEMALE PATIENT**

## 2008/2009 Financial Summary

FISCAL YEAR	BUDGET	ACTUAL	ACTUAL SURPLUS (DEFICIT)
2002/03	319,000	159,293	159,706
2003/04	348,000	155,003	192,997
2004/05	384,168	298,247	85,921*
2005/06	396,245	365,195	31,050*
2006/07	407,108	393,493	13,615*
2007/08	428,303	514,272	(85,969)**
2008/09	592,675	668,058	(75,383)***

\* Surplus was reserved for future needs of the Alberta Mental Patient Advocate Office and was entirely consumed by March 31, 2008.

\*\* Deficit was primarily attributable to an increase in staffing and the use of professional services related to the *Mental Health Amendment Act*.

\*\*\* Deficit was primarily attributable to staffing and the use of professional services, plus the accelerated amortization of website and software license fees with the transfer of the Patient Advocate Office from the Alberta Health Services/Alberta Mental Health Board to Alberta Health and Wellness

## Facilities Designated for Formal (Involuntary) Patients

- Alberta Hospital Edmonton
- Centennial Centre for Mental Health and Brain Injury
- Peter Lougheed Centre
- Foothills Medical Centre
- Misericordia Community Hospital
- Royal Alexandra Hospital
- University of Alberta Hospital
- Grey Nuns Community Hospital
- Chinook Regional Health Hospital
- Medicine Hat Regional Hospital
- Northern Lights Regional Health Centre
- Queen Elizabeth II Hospital
- Rockyview General Hospital
- Claresholm Centre for Mental Health and Addictions
- Red Deer Regional Hospital Centre
- Southern Alberta Forensic Psychiatry Centre



## Every Day of Every Year\*

I dream of being free of an illness  
that closes in like iron bars.  
I dream of hearing only voices that come from people  
I can see.  
I dream of saying and doing the things that I want to do,  
rather than what the voices of my illness want.  
I dream of knowing the English language at all times  
and always knowing what the words mean.  
I dream of a body that belongs to me and only me.  
I dream of feeling I want to live a thousand years.  
I dream of a life without fear.

These are the dreams I have every day of every year.

**Stefanie Harder**

*\*If I Played My Life: Poems by people with schizophrenia*



# Contact Information

For a listing of the different mental health support groups in Alberta, and other mental health information, contact:

## Alberta Mental Health Patient Advocate

Room 1202

Centre West Building

10035 - 108 Street

Edmonton, AB, T5J 3E1

Phone: 780.422.1812

Outside Edmonton *free of charge*: 310.0000

Fax: 780.422.0695

E-mail: [info@mhpa.ab.ca](mailto:info@mhpa.ab.ca)

[www.mhpa.ab.ca](http://www.mhpa.ab.ca)

## Health Link Alberta

This 24-hour-a-day, 7-day-a-week telephone advice and health information service is staffed by registered nurses. Call from anywhere in the province by dialing 403.943.5465 in Calgary, 780.408.5465 in Edmonton or toll-free 1.866.408.5465.

[www.healthlinkalberta.ca](http://www.healthlinkalberta.ca)

## Inform Alberta

This province-wide searchable directory contains general information, community, health, social, and government services across the province, including mental health programs and services.

[www.informalberta.ca](http://www.informalberta.ca)



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